

PHONE: (573) 751-2730 FAX: (573) 522-8174 WEB SITE: **www.dor.mo.gov**

FORM **4008**

APPLICATION FOR CDL WAIVER FOR FARM-RELATED SERVICE INDUSTRIES

The Commercial Driver License (CDL) waiver for farm-related service industries may be used by seasonal CDL drivers for farm retail outlets and suppliers, agri-chemical businesses, custom harvesters, and livestock feeders. This waiver allows a seasonal driver to obtain a restricted Class B or Class C CDL license without written/skills testing. The holder of a restricted CDL may operate a commercial motor vehicle only within a 150 mile radius of a place of business or farm being served.

APPLICANT INF	ORMATION						
NAME (LAST, FIRST, MIDDLE)				PREVIOUS NAME IF CHANGED			
RESIDENCE ADDRESS (STREET)					CITY		
STATE	ZIP CODE		COUNTY			DAYTIME TELEPHONE NUMBER	
LOOK AT YOUR	CURRENT DRIV	FR LICENSE - F	ILL IN THE SECT	ION RELOW		/	
NAME OF STATE THAT IS		LIX LIGHNOL - I	LICENSE CLASS	EXPIRATION DATE (MM/	(DD/YYYY)	ENDORSEMENT(S)	RESTRICTION(S)
				, ,	,		
DATE OF BIRTH (MM/DD	/YYYY)	LICENSE NUMBER		SEX	HEIGHT	WEIGHT	EYE COLOR
MARK THE BOX	(ES) THAT APPL	Y TO YOUR TYP	E OF EMPLOYME	NT			
	OUTLET AND/OR		AGRI-CHEMICAL BU		STOM HARVESTER	R 🗆 LIVESTOC	K FEEDER
MARK THE BOX	(ES) BELOW FO	R THE CLASS(E	S) OF VEHICLES	YOU DRIVE			
Related Service single unit vehi more pounds o pounds GVWR	mmercial Driver Lices Industry Waiver I cle with a gross vehr any such vehicle t	Program, allows the nicle weight rating (owing a vehicle not		CLASS C (Restricted) A Class C Commercial Driver License (CDL) issued through the Farm Related Services Industry Waiver Program, allows the holder to operate a single unit vehicle with a gross vehicle weight rating (GVWR) of less than 26,001 pounds or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR.			
NOTE: The holder of a Restricted Class B or C CDL issued through this waiver program is not allowed to transport passengers or hazardous materials which require the vehicle to be placarded, with the exception of 1,000 gallons or less of diesel fuel, 3,000 gallons of liquid fertilizers, or any quantity of solid fertilizers. You must indicate the seasonal period below. The seasonal period cannot exceed 180 consecutive days in any 12 month period. A "U/Z Restriction Card" bearing those dates will							
be mailed to you, which you must carry with your driver license.							
SEASONAL PER	RIOD START DAT	TE:		SEASONAL PER	RIOD END DATE	:	
DRIVER RECOR	D CERTIFICATION	ON					
Is your driving prHave you held aDuring the two yes	driver license for at	least one year?	cancelled or disqualif	ied in this or any oth	ner state?		NO ☐YES NO ☐YES
Has your license been suspended, revoked, cancelled, or disqualified in this or any other state? NO YES							
Have you been convicted of driving while intoxicated, driving while under the influence of alcohol (includes BAC)?							□ NO □ YES
Have you been convicted of driving while under a controlled substance or refusal to submit to an alcohol test?							□ NO □ YES
Have you been convicted of leaving the scene of an accident?							□ NO □ YES
Have you been convicted of a felony involving a motor vehicle?							□ NO □ YES
Have you been convicted of speeding 15 or more MPH over the posted speed limit?							□ NO □ YES
Have you been convicted of careless and imprudent driving?							□ NO □ YES
Have you been convicted of following too closely?							□ NO □ YES
Have you been convicted of improper lane change?							□ NO □ YES
Have you been convicted of a violation in connection with a fatal accident?							□ NO □ YES
Have you been convicted of any state law or county or municipal ordinance relating to the operation of any type of motor vehicle in connection with an accident? NO YES							
IF I MAKE A FALSE STATEMENT ON THIS APPLICATION I UNDERSTAND THAT I WILL NOT BE ISSUED A RESTRICTED COMMERCIAL DRIVER LICENSE FOR A PERIOD OF ONE YEAR, OR THAT IF I HAVE ALREADY BEEN ISSUED A COMMERCIAL DRIVER LICENSE, IT WILL BE CANCELLED UPON DISCOVERY OF THE FALSIFICATION, FOR A PERIOD OF ONE YEAR.							
APPLICANT SIGNATURE						DATE (MM/DD/YYYY)	

MO 860-2459 (5-05)

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